

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Gary L. Ackerman, Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Jim Marshall

Mailing Address PO Box 125

City
MaconState
GAZip Code
31201Purpose of Disbursement
Contribution, GA-03 US HouseCandidate Name
Hon. Jim Marshall
☐ 011
Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: D10834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gillibrand for Congress

Mailing Address PO Box 1279

City
HudsonState
NYZip Code
12534Purpose of Disbursement
Contribution NY-20 US HouseCandidate Name
Ms. Kirsten E. Gillibrand
☐ 011
Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: D10838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Goldmark for Congress

Mailing Address PO Box 512

City
SpokaneState
WAZip Code
99210Purpose of Disbursement
Contribution WA-05 US HouseCandidate Name
Mr. Peter James Goldmark
☐ 011
Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: D10841

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)